

APPLICATION FOR ORIGINAL LICENSE



Mortgage Brokers Licensing Act
State Banking Department
P. O. Box 4600
Montgomery, Alabama 36103-4600
www.banking.alabama.gov

For Department Use Only

Lic #: _____ ID#: _____

Lic. \$: _____ Inv. \$: _____

Issue Date: _____

TO THE STATE BANKING DEPARTMENT, STATE OF ALABAMA:

Application is hereby made to engage in the mortgage broker business pursuant to Ala. Code 5-25-1 et seq.

Business Name: _____

D/B/A (if different): _____

Applicant is a(n):
☐ Alabama Business Corporation ☐ Alabama Limited Liability Company
☐ Alabama Limited Liability Partnership ☐ Alabama Limited Partnership
☐ Foreign Business Corporation ☐ Foreign Limited Liability Company
☐ Foreign Limited Liability Partnership ☐ Foreign Limited Partnership
☐ General Partnership ☐ Sole Proprietorship ☐ Non-Profit

PHYSICAL LOCATION: Street: _____

County: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Does your principle place of business comply with local zoning ordinances? Yes: _____ No: _____

DEPARTMENT CORRESPONDENCE SHOULD BE DIRECTED TO:

Name: _____ Title: _____ Phone: _____

Address -- Street/PO Box: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

COMPLETE THE FOLLOWING FOR EACH OWNER, MEMBER, OFFICER AND DIRECTOR AS APPLICABLE:

Name: _____ Title: _____ Ownership %: _____

Residence Address: _____

Business Address: _____

Name: _____ Title: _____ Ownership %: _____

Residence Address: _____

Business Address: _____

Name: _____ Title: _____ Ownership %: _____

Residence Address: _____

Business Address: _____

Name: _____ Title: _____ Ownership %: _____

Residence Address: _____

Business Address: _____

(Continue on attachment if necessary)

Has the Applicant or any of its owners, members, directors, officers or any beneficial owner been convicted of a felony or any crime involving breach of trust, fraud or dishonesty? Yes: ☐ No: ☐

If yes, please explain:

Has the Applicant or any of its owners, members, directors or officers had a broker or loan license denied, revoked or suspended by any government agency? Yes: ☐ No: ☐

If yes, please explain and list which state(s)?

Has the Applicant or any of its owners, members, directors or officers had any court findings of fraud against them? Yes: ☐ No: ☐

If yes, please explain:

Does the Applicant operate mortgage broker locations in any other state? Yes: ☐ No: ☐

If yes, complete the following:

<u>Name of State</u>	<u>Trade Name</u>	<u>Date Originally Licensed</u>

(Continue on attachment if necessary)

Who should we contact regarding licensing?

Name:	_____	Title:	_____
Address:	_____		_____
City:	_____	State:	_____ Zip: _____
Phone #:	_____	Fax #:	_____
Email address:	_____		_____

Who should we contact regarding examinations?

Name:	_____	Title:	_____
Address:	_____		_____
City:	_____	State:	_____ Zip: _____
Phone #:	_____	Fax #:	_____
Email address:	_____		_____

Who should we contact regarding complaints?

Name:	_____	Title:	_____
Address:	_____		_____
City:	_____	State:	_____ Zip: _____
Phone #:	_____	Fax #:	_____
Email address:	_____		_____

Who should we contact regarding annual reports?

Name:	_____	Title:	_____
Address:	_____		
City:	_____	State:	_____ Zip: _____
Phone #:	_____	Fax #:	_____
Email address:	_____		

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION OR YOUR APPLICATION WILL BE RETURNED:

- | | |
|----------------|--|
| ATTACHMENT 1. | A resume of all owners or principals of the Applicant for the past five (5) years. |
| ATTACHMENT 2. | A description of the general plan and character/nature of the business. |
| ATTACHMENT 3. | Evidence of the satisfactory completion of at least 12 hours of approved continuing education. |
| ATTACHMENT 4. | A Financial Statement of the Applicant prepared using standard accounting practices and procedures covering the past fiscal year, and prepared within the last 90 days under the supervision of a CPA showing at least \$25,000 in tangible net worth. |
| ATTACHMENT 5. | Three letters of reference regarding the Applicant's good name and reputation in the community. |
| ATTACHMENT 6. | Three letters of reference from lenders concerning the Applicant's experience and expertise. |
| ATTACHMENT 7. | A certified copy of the Applicant's Articles of Incorporation and By-Laws, partnership agreement, or Articles of Organization. If Applicant is an out-of-state company, also attach a Certificate of Authority issued by the Alabama Secretary of State. |
| ATTACHMENT 8. | A true copy of the Applicant's customer-broker agreement. |
| ATTACHMENT 9. | A certified check for \$100 for the investigation fee and a separate certified check for \$500 for the annual license fee, made payable to the STATE BANKING DEPARTMENT. |
| ATTACHMENT 10. | A copy of a state driver's license for each owner or principal. |
| ATTACHMENT 11. | A properly executed Department of Public Safety "Release Form." |
| ATTACHMENT 12. | A properly executed State Banking Department "Credit Report Release Form." |
| ATTACHMENT 13. | A statement of other business, if any, which Applicant proposes to conduct from the same location. |

AFFIDAVIT

I, _____, the undersigned, being the _____
[Officer (Title), Partner or Owner]
of _____

swear (or affirm) to the best of my knowledge and belief that the statements contained in this application are true and complete.

I understand that inaccurate responses may be grounds for denial or revocation of this license.

This _____ day of _____, 20____.

Signature

Sworn and subscribed to before me this

_____ day of _____, A. D. 20_____.

Notary Public

8/6/2005